

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-042002

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

149
FILED DEC 26 1962

6288

VS 300
Rev. 4/59

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DATE AMENDED

1/14/63

1/14/63

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

11/10/96 & 66

0. & WW II

11/10/96 & 65

0. & WW I

11/10/96 & 65

0. & WW I

11/10/96 & 65

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11/10/96 & 65

0. & WW I

DOCUMENT Employment Record

BY AFFIDAVIT OF Funeral Director

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Westwood	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Saint Lukes Hospital		d. STREET ADDRESS 4827 Belinder Court	
3. NAME OF DECEASED (Type or print) First Middle Last Wyman Olin O. Kennedy		4. DATE OF DEATH Month Day Year December 9 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Nov. 10, 1896
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY U. S. Rubber Co.	
13a. FATHER'S NAME James Webster Kennedy		13b. MOTHER'S MAIDEN NAME Eunice Perry	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes W.W. I W. W. II		17. INFORMANT Mary Boone Kennedy, 4827 Belinder Ct.	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema DUE TO (b) Thrombosis - R. coronary artery DUE TO (c) Atherosclerosis - generalized		INTERVAL BETWEEN ONSET AND DEATH 4 1/2 min. 1 hour 3 years.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 10-7-60 to 12-9-62 and last saw her alive on 12-9-62 Death occurred at 4:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22b. ADDRESS 4320 Annual Rd, R.C. 11, Ill	
22a. SIGNATURE F. Byers M.D.		22c. DATE SIGNED 12/10/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12-11-62	23c. NAME OF CEMETERY OR CREMATORY Pontotoc Cemetery	23d. LOCATION (City, town, or county) Pontotoc, Mississippi
24. FUNERAL DIRECTOR Stine & McClure Kansas City, Missouri		25. DATE RECD. BY LOCAL REG. 12-11-62	26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

92-1-5663 V
4320 Zilomall
11:00 - 5:00

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. S. Walters

Licensed Embalmer No. 2744

P. O. Address K.C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.